SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Owner(s):

Authorized Agent

Address to send permit _

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 24 2022

Bayfield Co. Planning and Zoning

Permit #:	22-0038	
Date:	3-8-2003	2
Amount Paid:	\$175 1-25-22 spetuse-A	JIC.
Other:		
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen

	NSTRUCTIO	N UNTIL ALL PERMITS	HAVE BEEN ISSUED TO	APPLICANT. Origin	al Application N	NUST be submitted	FILL OUT IN IN	IK (<mark>NO P</mark>	ENCIL)
TYPE OF PERMIT R	EQUESTE	D → □ LANI		RY PRIVY C		E SPECIAL USE		OTHER	
Owner's Name:	211	ISS JOHN	Mailing	Address:	C	ity/State/Zip:	1-	Telephone	
Address of Property	CYLI	155 JUHI		<u> </u>	Mp to	air Days, CA	95428	916-	
6370 F	HWH	13	Cig	YOUT WITH	ICH 196	53865		Cell Phone	12/10/31
Email: (print clearl	y)					2000			
Contractor:	IA		Contrac	ctor Phone:	Plumber:	-		Plumber F	hone:
Authorized Agents	(Daniel Civil	ng Application on behal				-			
Owner(s))	(Person Signi	TEH Tob	f of Agent F	Phone: -774-3849		dress (include City/Sta			uthorization
PROJECT	V FIL	A EFI THOS	Tax	(ID#	10 Boy 2	29, HEVIKISTE	71 54844	Required	(for Agent)
LOCATION	egal Descri	ption: (Use Tax Sta	tement)	26355	-		2005 R	497	775
1/4,	1/4	Gov't Lot	Lot(s) CSM	Vol & Page CSM Do	c# Lot(s) #	# Block # Si	ubdivision:		
	_ 1/4	2	1 1353	8/147 P90	8				
Section 25	_ , Townsh	ip <u>50</u> N, Ran	ge <u>09</u> w	Town of	ENTA	Le	ot Size	Acreag	e
							3.37		
A PERMITS	Creek or	perty/Land within 3 Landward side of 1	300 feet of River, Stre	eam (incl. Intermittent) yescontinue	Distance Stru	ture is from Shoreli	1 11 1		Are Wetland
Shoreland _			.000 feet of Lake, Po				Zone?		Present?
STRUCKER !		l		/escontinue —	Distance Struc	cture is from Shoreli	feet		☐ Yes ■No
□ Non-							No.		4140
Shoreland									
Value at Time		The same of the			T-4-1#-f				
of Completion * include		Desired	Project	Project	Total # of bedrooms		/hat Type of Sanitary System(s)		Type o
donated time		Project	# of Stories	Foundation	on		the property or		Water
& material			119		property		on the property?		propert
Y	□ New	Construction	☐ 1-Story	☐ Basement	□ 1	☐ Municipal/Ci			☐ City
-	☐ Addit	ion/Alteration	☐ 1-Story +	☐ Foundation	□ 2	☐ (New) Sanita	ry Specify Type:		₩ Well
\$ 146,400			Loft	A	400 00	b			weii
	☐ Conv	ersion	2-Story	№ Slab	⋈ 3	Sanitary (Exis			
Assessed Relo									
. (1) 10	□ Reloc	ate (existing bldg)		0		☐ Privy (Pit) o		200 gallon)	
Assessed Value	☐ Run a	Business on		Use	□ □ None	□ Privy (Pit) o □ Portable (w/s	r 🗆 Vaulted (min 2	200 gallon)	
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	□ Run a Prope	Business on erty		Use A Year Round		☐ Portable (w/s	r D Vaulted (min 2 ervice contract)	200 gallon)	
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Existing Structu	□ Run a Prope	Business on erty	isiness is being applied	Use A Year Round		□ Portable (w/s □ Compost Toil □ None	r D Vaulted (min 2 ervice contract)	ht:	
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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of:

Proposed Construction

Fill Out in Ink - NO PENCIL

(3) Show Location of (*):

(2) Show / Indicate: North (N) on Plot Plan

(4) Show:

(*) **Driveway** <u>and</u> (*) **Frontage Road** (Name Frontage Road) All **Existing Structures** on your Property

(5) Show: (*) Well (W); (*) Septic Tank (

(6) Show any (*):

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(7) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Lake Superior

Garage

Hown

Howy 13

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	180	Feet		Setback from the Lake (ordinary high-water mark)	79	Feet
Setback from the Established Right-of-Way	120	Feet		Setback from the River, Stream, Creek		Feet
,			98	Setback from the Bank or Bluff	70	Feet
Setback from the North Lot Line	79	Feet				
Setback from the South Lot Line	120	Feet		Setback from Wetland	-	Feet
Setback from the West Lot Line	818	Feet		20% Slope Area on the property	□ Yes	□ No
Setback from the East Lot Line	85	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	20	Feet		Setback to Well	10	Feet
Setback to Drain Field	1, 1,	Feet				
Setback to Privy (Portable, Composting)	1	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	25270	# of bedrooms:	Sanitary Date: 7 - 30 - 04
Permit Denied (Date):	Reason for Denial:		APRING.	
Permit #: 22 - 0020	Permit Date: 8-30	32	The state of the s	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached ☐ Yes ☐ No ☐ No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Output Discrepance of the provided by	Variance (B.O.A.) Case	#:
Was Parcel Legally Created Was Proposed Building Site Delineated ☐ Yes ☐ No	Ex 113 Tax II	Were Property Line	es Represented by Owner Was Property Surveyed	Yes O No
Inspection Record: met owner on site Rebuild. ok to is	during fall	2020 abov)	garage	Zoning District (RRB) Lakes Classification ()
	Inspected by: To d			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attack	ched?	No they need to be atta	ched.)	2 (6 / 11 /11
Must abtain a tourist of Department prior to rent	from housing	license fr	on the Bayl	reld worthy Health
Department prior to rent	rag.			the second and an expedition of the second control of
1 2 1 2 1 1 mm	7			Page Property
Signature of Inspector: Todd Norwo	5		Market (2) residence (1) 25	Date of Approval:
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	davit: 🗆	Hold For Fees: 🗌	

®®January 2000 (®Augus† 2021)

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department

P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

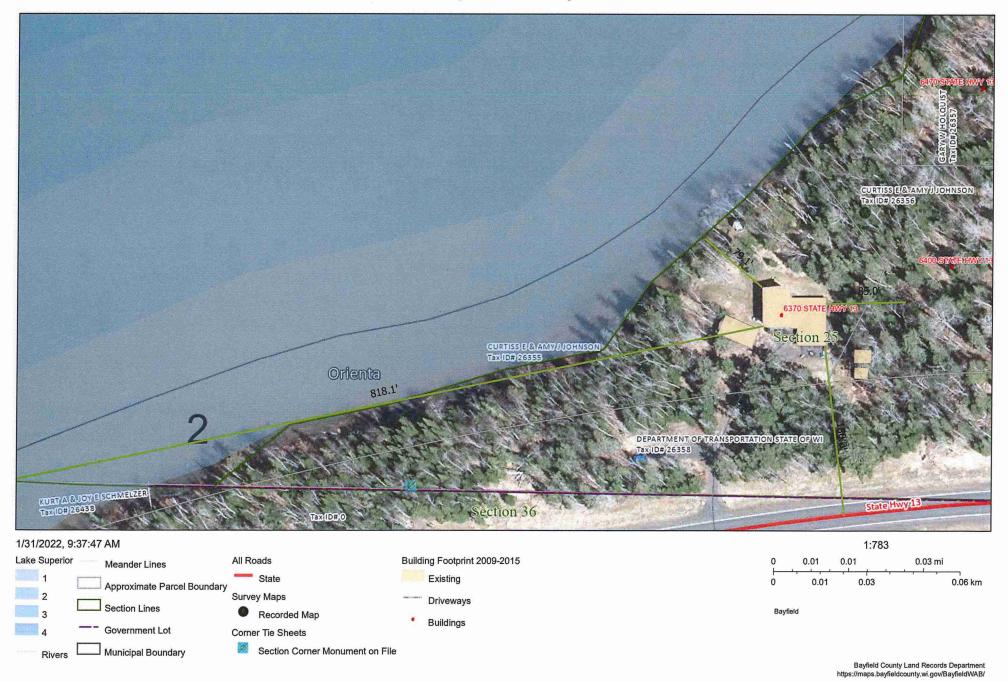
DEC 1 4 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner AMM + CUMISS JOHNSON Contra	ctor NA
1.00	ized Agent ERID HOTCHINGON
YOUT WIND, WI 54865 Agent	
Telephone 916-705-6631 Writter	Authorization Attached: Yes (X) No ()
Accurate Legal Description involved in this request (specify only the	property involved with this application)
1/4 of 1/4, Section <u>25</u> , Township <u>50</u> N., Rang	ge 09 W. Town of ONTENTA
Govt. Lot 2 Lot Block Subdivision	
Volume Page of Deeds Tax I.D# 26353	Acreage 3, 37
Additional Legal Description: LOT 1 CSM #1353 in 1/	8 P.167/612 V.912 P.908
Applicant: (State what you are asking for) Zoning District:	Lakes Classification
SHOUT TEMM RENTAL SPECE	
	TO THE TOTAL STATE OF THE STATE
We, the Town Board, TOWN OF ORIENTA	, do hereby recommend to
☐ Table Approval	☐ Disapproval
Have you reviewed this for Compatibility with the Comprehensive	ve and/or Land Use Plan: Yes No
Township: (In detail clearly state Town Board's reason for recomme	adation of tabling, approval or disapproval)
Allow Duguts AND GOOD WEET A	
NEW BUISINESS AND GOOD USE OF	
MENO BUNNESS THE GOOD WE OF	
MENO BUNDED WE OF	- PROPERTY
	Signed: May 12 12
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM:	Signed:
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval	Signed: May 12 12
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked	Signed: Chairman: Maul IVal
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval	Signed: Chairman: Mall IVIL Supervisor: Jam, Beil
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax	Signed: Chairman: Maul IVal Supervisor: Supervisor: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your	Signed: Chairman: Mall IVal Supervisor: Supervisor: Supervisor: Clerk: Ulfle Clerk
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start	Signed: Chairman: Maul IVal Supervisor: Supervisor: Supervisor:

Bayfield County, WI



July 28, 2021

Plan

To Whom It May Concern:

I am writing to inform you that I am granting permission to Erin Hutchinson & Bark Point Ventures to provide property management services to me for my property at 6370 State Hwy 13 in Port Wing, WI.

Bark Point Ventures is authorized to act as my agent for the activities related to management of our vacation rental property, including, but not limited to communication and coordination with state & local government and agencies as needed to secure and renew permits.

Please contact me at 916-765-6631 with any questions.

Thank you,

Amy Johnson

Curtiss Johnson

N/A

Real Estate Bayfield County Property Listing

Today's Date: 1/31/2022

Property Status: Current

Created On: 3/15/2006 1:15:53 PM

Description	Updated: 1/23/2020
Tax ID:	26355
PIN:	04-036-2-50-09-25-4 05-002-40000
Legacy PIN:	036110301001
Map ID:	
Municipality:	(036) TOWN OF ORIENTA
STR:	S25 T50N R09W
Description:	LOT 1 CSM #1353 IN V.8 P.167
	(LOCATED IN GOVT LOT 2) IN V.912
	P.908 IM 2005R-497447 IM 2004R- 492194 IM 2005R-497775
Recorded Acres:	3.370
Calculated Acres:	3.127
Lottery Claims:	0
First Dollar:	Yes
Zoning:	(R-RB) Residential-Recreational Business
ESN:	124

Tax Districts	Updated: 3/15/2006		
1	STATE		
04	COUNTY		
036	TOWN OF ORIENTA		
044522	SCHL-SOUTHSHORE		
001700	TECHNICAL COLLEGE		

Recorded Documents	Updated: 2/4/2014
	Opuateu, 2/4/2014

23	CON	VERSION

Date Recorded: 3/15/2006 894-264;912-908

Ownership	Updated: 1/23/2020
CURTISS E & AMY J JOHNSON	FATR OAKS CA

Billing Address:	Mailing Address:	
CURTISS E & AMY J JOHNSON	CURTISS E & AMY J JOHNSON	
4324 VISTA DE LAGO WAY	4324 VISTA DE LAGO WAY	
FAIR OAKS CA 95628	FAIR OAKS CA 95628	

6370 STATE HWY 13		PORT W	PORT WING 54865		
Property Assessment	Updated	7/17/2018			
2021 Assessment Detail	- Control (Control - 1904) in Francis in account shows a construction of the Control of the Cont				
Code	Acres	Land	Imp.		
G1-RESIDENTIAL	3.370	132,600	146,400		
2-Year Comparison	2020	2021	Change		
Land:	132,600	132,600	0.0%		
Improved:	146,400	146,400	0.0%		
Total:	279,000	279,000	0.0%		

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - #04-425270 (4-bedroom)
SIGN SPECIAL - X (Town of Orienta-12/14/2021)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22-0	22-0020			Issued To: Curtiss & Amy Johnson									
Locatio	on:	1/4	of	1/4	Section	25	Township	50	N.	Range	9	W.	Town of	Orienta
Gov't Lo	ot	Lot		1 Block		Subdivision						CSM#	1353	
	Other: [tion(s):	Must	(Discl	aimer): n a Tou	Any futur	ence (6 e expan		3,250 pment v	sq. f would i	t. Heigh require add	ditiona	al perm		Dept. prior to
NOTE:	This permi	t expire	s one ye	ear from c	from date of issuance if the authorized construction						Todd Norwood, AZA			
	work or lar			_	shall not be	not be made without obtaining approval.					Authorized Issuing Official			
	This permit may be void or revoked if any of to have been misrepresented, erroneous, of					* *					February 8, 2022			
	This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.									-	Date			